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- /	his form, deether wit	th applicable fee(s), to: <u>Mail</u> or <u>Fax</u>			Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000			
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LISA M. SOLTIS ILLINOIS TOOL WORKS INC. 3600 WEST LAKE AVENUE GLENVIEW, IL 60025					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
18/2005 RMEBRAH1 00000078 10772677					Judy Stein (Depositor's name)			
FC:1501 1400.00 OP					July Steen (Signature)			
FC:1504			July 17, 20			005 (Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/772,677	02/05/2004	Cheryl L. Panasik				14	47.5	5595
TITLE OF INVENTION: A	NCHOR					_		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1400			\$300	\$1700		09/01/2005
EXAMINER		ART UNIT		CL	ASS-SUBCLASS	]		
SAETHER, FLEMMING		3677			411-030000			
1. Change of correspondence address or indication of "Fee Address" (CFR 1.363).  Change of correspondence address (or Change of Corresponder Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			<ol> <li>For printing on the patent front page,</li> <li>the names of up to 3 registered patents or agents OR, alternatively,</li> <li>the name of a single firm (having as registered attorney or agent) and the na 2 registered patent attorneys or agents. I listed, no name will be printed.</li> </ol>			nt attorneys a member a	2 Mark	M. Soltis W. Croll atent Law Firm
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Illinois Tool Works Inc.  Glenview, Illinois								
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the p	oatent) :	Individual 🚨 C	orporation or o	other private gr	oup entity Government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of Copies Deposit Account Number (enclose an extra copy of this form).								credit any overpayment, to
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5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issublication Fee (if required) words of the United States Pate	ne Fee and Publicate vill not be accepted and Trademark	tion Fee (if and I from anyon Office.	ny) or to e other th	re-apply any previous nan the applicant; a reg	ly paid issue for istered attorne	ee to the applic y or agent; or t	ation identified above. he assignee or other party in
Authorized Signature Solta Date July 12,2005								
Typed or printed name Lisa M. Soltis Registration No. 40623								

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